

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILED DATE

10766335

01-28-01

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	NO	DEP	NO	DEP	NO	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16	1					
17	1					
18	1					
19	1					
20	1					
21	1					
22	1					
23	1					
24	1					
25		1		1		
26		1		1		
27		7		7		
28		7		7		
29		6		6		
30		6		6		
31		6		6		
32		4		4		
33		4		4		
34		4		4		
35		1		1		
36		0		0		
37		6		6		
38	1		1			
39		1		1		
40		1		1		
41	1		1			
42	1		1			
43	1		1			
44	1		1			
45	1		1			
46	1		1			
47		6		6		
48		6		6		
49		6		6		
50	1		1			
TOTAL NO.	25		25			
TOTAL DEP.	170		170			
TOTAL CLAIMS	195		195			

	NO	DEP	NO	DEP	NO	DEP
51		6		6		
52		6		6		
53		6		6		
54		6		6		
55		6		6		
56		6		6		
57	1		1			
58		5		5		
59		5		5		
60		6		6		
61		6		6		
62		6		6		
63	1		1			
64	1		1			
65	1		1			
66		6		6		
67		6		6		
68		6		6		
69	1		1			
70	1		1			
71	1		1			
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100						
TOTAL NO.						
TOTAL DEP.						
TOTAL CLAIMS						